

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/5601a30

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		5		1		
4		8		1		
5		8		1		
6		8		1		
7		8		1		
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS		8				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS		8				